BEST AVAILABLE COPY MULTIPLE DE NDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AS FILED AFTER AFTER 1"AMENDMENT **AS FILED** AFTER 1 "AMENDMENT I AMENDMENT IND. 2 MAMENDMENT DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 51 2 52 3 53 4 54 5 55 56 7 57 8 58 9 59 10 60 11 61, 12 62 13 63

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